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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF NEW YORK	-	
Case number (if known)	_ Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	Identify Yourself					
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):		
1.	Your full name					
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Michael First name B. Middle name		First name Middle name		
	Bring your picture identification to your meeting with the trustee.	Halfon Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)		
2.	All other names you have used in the last 8 years					
	Include your married or maiden names.					
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4671				

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Debtor 1 Michael B. Halfon Pg 2 01 50 Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	I have not used any business name or EINs. Business name(s) EINs	☐ I have not used any business name or EINs. Business name(s) EINs
5.	Where you live	23 Country Hollow Road	If Debtor 2 lives at a different address:
		Highland Mills, NY 10930 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Orange County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Michael B. Halfon Case number (if known)

art	Tell the Court About	Your Ba	nkruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are				of each, see <i>Notice Required by</i> page 1 and check the appropria	11 U.S.C. § 342(b) for Individuals Filing for Bank te box.	kruptcy
	choosing to file under	☐ Ch	apter 7				
		☐ Ch	apter 11				
		☐ Ch	apter 12				
		■ Ch	apter 13				
3.	How you will pay the fee	-	about how yo	ou may pay. Typi attorney is subn	ically, if you are paying the fee y	ck with the clerk's office in your local court for mo ourself, you may pay with cash, cashier's check, alf, your attorney may pay with a credit card or c	or money
					allments. If you choose this opti	on, sign and attach the Application for Individual	s to Pay
		 	but is not req applies to yo	uired to, waive y ur family size an	our fee, and may do so only if you do so only if you gree unable to pay the fee it	n only if you are filing for Chapter 7. By law, a ju our income is less than 150% of the official povel n installments). If you choose this option, you mu cial Form 103B) and file it with your petition.	ty line that
 9.	Have you filed for	■ No.					
	bankruptcy within the last 8 years?	■ No.					
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy cases pending or being	■ No					
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.				
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your residence?	■ No.	Go to I	ine 12.			
	residence:	☐ Yes	s. Has yo	our landlord obta	ined an eviction judgment agains	st you?	
				No. Go to line 1	12.		
				Yes. Fill out <i>Ini</i> this bankruptcy		Judgment Against You (Form 101A) and file it as	s part of

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Pg 4 of 56 Debtor 1 Michael B. Halfon Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Chapter 11 of the Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety?

Or do you own any property that needs immediate attention?

> For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Michael B. Halfon

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2	(Spouse	Only in a	Joint	Case):
-----------------------	---------	-----------	-------	--------

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	otor 1 Michael B. Halfon			Case	number (if known)	
Par	t 6: Answer These Quest	ions for Rep	orting Purposes			
16.	What kind of debts do you have?			consumer debts? Consumer debts a cersonal, family, or household purpose.		s "incurred by an
		Γ	☐ No. Go to line 16b.			
		I	Yes. Go to line 17.			
				business debts? Business debts are vestment or through the operation of		
		[☐ No. Go to line 16c.			
		[☐ Yes. Go to line 17.			
		16c. S	State the type of debts you	u owe that are not consumer debts or	pusiness debts	
17.	Are you filing under Chapter 7?	■ No.	am not filing under Chapt	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and			7. Do you estimate that after any exem available to distribute to unsecured cr		istrative expenses
	administrative expenses	Γ	□ No			S!
	are paid that funds will be available for	Γ	☐Yes			
	distribution to unsecured creditors?					
18.	How many Creditors do	1 -49		1 ,000-5,000	□ 25,001-50,000	
	you estimate that you owe?	□ 50-99		<u></u> 5001-10,000	<u> </u>	
		☐ 100-199 ☐ 200-999		☐ 10,001-25,000	☐ More than100,000)
19.	How much do you	□ \$0 - \$50	0,000	□ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1	billion
	estimate your assets to be worth?		- \$100,000	□ \$10,000,001 - \$50 millio		
		. ,	01 - \$500,000	□ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill		
		山 \$500,00	11 - \$1 million	□ ψ100,000,001 - ψ300 mm	on Diviole than \$50 bill	1011
20.	How much do you	□ \$0 - \$50	0,000	☐ \$1,000,001 - \$10 million	□ \$500,000,001 - \$1	billion
	estimate your liabilities to be?	_ ' '	1 - \$100,000	\$10,000,001 - \$50 millio		
			11 - \$500,000 11 - \$1 million	□ \$50,000,001 - \$100 millio □ \$100,000,001 - \$500 mill		
		— \$500,00	71 - \$1 IIIIIIOII			
Par	t 7: Sign Below					
For	you	I have exar	mined this petition, and I d	leclare under penalty of perjury that th	e information provided is true and	correct.
				r 7, I am aware that I may proceed, if a relief available under each chapter,		
				d not pay or agree to pay someone which the notice required by 11 U.S.C. § 34		out this
		I request re	elief in accordance with the	e chapter of title 11, United States Co	de, specified in this petition.	
		bankruptcy and 3571.	case can result in fines u	nt, concealing property, or obtaining n p to \$250,000, or imprisonment for up		
		Michael E Signature of		Signature o	Debtor 2	
		Executed of	n July 31, 2019	Executed o	1	
			MM / DD / YYYY		MM / DD / YYYY	

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Debtor 1 Michael B. Halfon Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Michae	l O'Leary	Date	July 31, 2019
Signature of	Attorney for Debtor		MM / DD / YYYY
Michael O	'Leary		
Hayward,	Parker & O'Leary		
	n Avenue, Suite 303		
PO Box 92 Middletow	29 vn, NY 10940-6570		
Number, Street,	City, State & ZIP Code		
Contact phone	845-343-6227	Email address	HPOPLaw@gmail.com
			<u></u>
Bar number & S	tate		

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mation to identify your	case:		
Michael B. Halfor	1		
First Name	Middle Name	Last Name	
First Name	Middle Name	Last Name	
ankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	
			☐ Check if this is amended filing
	Michael B. Halfor First Name	First Name Middle Name	Michael B. Halfon First Name Middle Name Last Name First Name Middle Name Last Name

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets of what you own
		value	n what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	187,500.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	10,014.96
	1c. Copy line 63, Total of all property on Schedule A/B	\$	197,514.96
Pai	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	425,623.15
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	2,304.80
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	95,288.96
	Your total liabilities	\$	523,216.91
Paı	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	4,819.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	4,157.00
Pai	t 4: Answer These Questions for Administrative and Statistical Records		
3.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sch	nedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

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Debtor 1 Michael B. Halfon

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

8,188.06 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	2,304.80
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	2,304.80

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Fill					Pa 10 of 56		
	in this inform	nation to identify y	our case and th	is filinç	g:		
Deb	tor 1	Michael B. Ha	lfon				
		First Name	Middle	Name	Last Name		
	otor 2 use, if filing)	First Name	Middlo	Name	Last Name		
` '	, 0,						
Unit	ed States Bar	nkruptcy Court for t	he: SOUTHER	N DIST	RICT OF NEW YORK		
Cas	e number						☐ Check if this is an
							amended filing
حر	Saial Eas	**** 100 \ /D					
_		<u>rm 106A/B</u>					
<u>Sc</u>	chedule	e A/B: Pr	operty				12/15
nfori	mation. If more ver every quest	e space is needed, at tion.	tach a separate sh	neet to t	married people are filing together, both are his form. On the top of any additional pages Estate You Own or Have an Interest In		
Do	you own or h	ave any legal or equ	itable interest in a	ny resid	lence, building, land, or similar property?		
П	No. Go to Part	. 2					
_		· _ ·					
_	Yes. Where is	the property?					
1.1	23 Country	y Hollow Road	intion	What	is the property? Check all that apply Single-family home	Do not deduct secured of	
	Street address, i	f available, or other desci	pion		Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home		claims or exemptions. Put ed claims on <i>Schedule D:</i> hims Secured by Property.
					Condominium or cooperative Manufactured or mobile home	Creditors Who Have Cla	ed claims on Schedule D: iims Secured by Property. Current value of the
	Highland N		10930-0000 ZIP Code	_	Condominium or cooperative Manufactured or mobile home Land	Creditors Who Have Class Current value of the entire property?	ed claims on Schedule D: iims Secured by Property. Current value of the portion you own?
		Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home	Current value of the entire property? \$375,000.00	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00
	Highland N	Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland N	Mills NY	10930-0000	 	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland N	Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland N	Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known.	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000		Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Tenancy by the Entire Check if this is co (see instructions)	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000	Who	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Tenancy by the Entire Check if this is co (see instructions)	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000	Who	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iterety identification number:	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Tenancy by the Entire Check if this is co (see instructions) m, such as local	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000	Who	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this item	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Tenancy by the Entire Check if this is co (see instructions) m, such as local	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or
	Highland M	Mills NY	10930-0000	Who	Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this iterety identification number:	Current value of the entire property? \$375,000.00 Describe the nature of (such as fee simple, te a life estate), if known. Tenancy by the Entire Check if this is co (see instructions) m, such as local	ed claims on Schedule D: ims Secured by Property. Current value of the portion you own? \$187,500.00 your ownership interest nancy by the entireties, or

Do you own lease or have legal or equitable interest in any vehicles, whether they are registered or not? Inc

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

19-36270-cgm Doc 1 Filed 07/31/19 Entered 07/31/19 13:36:39 Main Document Pg 11 of 56 Case number (if known) Debtor 1 Michael B. Halfon 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put **Toyota** Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Sienna Model: Debtor 1 only Creditors Who Have Claims Secured by Property. 2014 Debtor 2 only Current value of the Current value of the 74.000 Approximate mileage: entire property? portion you own? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Vehicle least that has been paid \$0.00 \$0.00 off for approx. 1 1/2 yrs - lessor ☐ Check if this is community property has not reclaimed vehicle. (see instructions) Debtors insure and pay carrying charges. 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$0.00 .pages you have attached for Part 2. Write that number here.....=> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware ΠNο ■ Yes. Describe..... Household furniture & furnishings \$1,500.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... 3 cell phones, 2 laptops, 3 desktop computers, 4 flat screen TV, Playstations 2, 3, 4; PSP, PSVita, 3 Switches, 3 Nintendos DS; \$1,000.00 tablet; 150-200 games

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

□ No

Yes. Describe.....

baseball card, magic cards

\$5,000.00

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Debtor 1 Michael B. Halfon Case number (if known)

	mioria di Primaron	
	Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes a musical instruments	and kayaks; carpentry tools;
	No Peacribe	
	☐ Yes. Describe	
	Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No	
	☐ Yes. Describe	
ı	Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No	
١	Yes. Describe	
	Wearing apparel	\$500.00
ļ	Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, g No Yes. Describe	old, silver
	necklace, wedding band, watch	\$300.00
14. 	Yes. Describe 3 cats, 3 fish Any other personal and household items you did not already list, including any health aids you did not list No Yes. Give specific information	<u></u> \$75.00
15.	Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$8,375.00
Par	t 4: Describe Your Financial Assets	
Do	you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
ı	Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition No	on
I	☐ Yes	
	Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage has institutions. If you have multiple accounts with the same institution, list each.	nouses, and other similar
	□ No ■ Yes	
	17.1. Checking Key Bank	\$262.50

Official Form 106A/B Schedule A/B: Property page 3

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De	MIChael B. H	airon		_	Case number (if known	"
		17.2. Savin	gs	Key Bank		\$37.50
١R	Bonds, mutual funds, o	or nublicly trade	d stocks			
10.				okerage firms, money market accou	nts	
	■ No					
	☐ Yes	Institutio	on or issuer	name:		
19.	joint venture	ock and interest	s in incorp	orated and unincorporated busine	esses, including an intere	est in an LLC, partnership, and
	□ No■ Yes. Give specific info	ermation about th	om			
	- res. Give specific file	Name of en		•••••	% of ownership:	
		A (A	h = (= = = (10		
				LC - out of business for 2 lved. No assets	100 %	\$1.00
		<u>youro pur</u>				
	Negotiable instruments	include personal ents are those yo	checks, cas u cannot tra em	otiable and non-negotiable instrur shiers' checks, promissory notes, an ansfer to someone by signing or deli	nd money orders.	
	Retirement or pension Examples: Interests in II □ No		gh, 401(k), 4	403(b), thrift savings accounts, or oth	her pension or profit-sharin	g plans
	Yes. List each account	t separately.				
		Type of accou	nt:	Institution name:		
		IRA		Park Avenue Securities		\$1,337.46
				Tark Avenue decumes		Ψ1,007.40
22.		d deposits you ha		o that you may continue service or u public utilities (electric, gas, water),		anies, or others
	■ No				1.	
	☐ Yes			Institution name or individua	I:	
23.	Annuities (A contract fo	r a periodic paym	ent of mone	ey to you, either for life or for a numb	ber of years)	
	■ No					
	Yes Iss	suer name and de	escription.			
	Interests in an educatio 26 U.S.C. §§ 530(b)(1), 5 ■ No			ualified ABLE program, or under	a qualified state tuition p	rogram.
		stitution name and	d description	n. Separately file the records of any	interests.11 U.S.C. § 521(c	c):
_						
25.	■ No	ure interests in	property (o	other than anything listed in line 1), and rights or powers e	xercisable for your benefit
	☐ Yes. Give specific info	ormation about th	em			
				nd other intellectual property eds from royalties and licensing agre	eements	
	☐ Yes. Give specific info	ormation about th	em			
27.	Licenses, franchises, a Examples: Building perr			es perative association holdings, liquor	licenses, professional licer	nses
	■ No					
	☐ Yes. Give specific info	ormation about th	em			

Official Form 106A/B Schedule A/B: Property page 4

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Debtor 1	Michael B. Halfon	1 9 14 01 3	Cas	se number (if known)	
				` ′ =	
Money o	or property owed to you?				Current value of the portion you own? Do not deduct secured claims or exemptions.
	refunds owed to you				
□ No			d the a metrome e e e d t	.h. a. 4 a a a a a	
■ Ye	s. Give specific information about ti	nem, including whether you already filed	the returns and t	ne tax years	
					-
		Possible tax refunds for 2017 8	§ 2018	Federal & state	\$0.50
Exai ■ No		ny, spousal support, child support, mair	ntenance, divorce	settlement, property s	ettlement
Exai	benefits; unpaid loans you r	urance payments, disability benefits, sic nade to someone else	ck pay, vacation p	ay, workers' compens	ation, Social Security
☐ Ye	s. Give specific information				
		rance; health savings account (HSA); c	redit, homeowner	's, or renter's insuranc	е
■ Ye	s. Name the insurance company of Company		Beneficiary:		Surrender or refund value:
	Guardiar	n Life - term life policy	Spouse		\$1.00
If yo som	eone has died.	ou from someone who has died t, expect proceeds from a life insurance	e policy, or are cur	rently entitled to receiv	ve property because
Exai ■ No	mples: Accidents, employment disp	or not you have filed a lawsuit or ma utes, insurance claims, or rights to sue	de a demand for	payment	
■ No		aims of every nature, including count	terclaims of the o	debtor and rights to s	set off claims
■ No	financial assets you did not alreass. Give specific information	dy list			
		ntries from Part 4, including any entri		ı have attached	\$1,639.96
Part 5:	Describe Any Business-Related Prope	erty You Own or Have an Interest In. List a	ny real estate in Pa	art 1.	
27 Do vo					
	II own or have any legal or equitable	interest in any husiness-related property?			
	u own or have any legal or equitable Go to Part 6.	interest in any business-related property?			

Official Form 106A/B Schedule A/B: Property page 5

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1 Michael B. Halfon Case number (if known)

Part	6: Describe Any Farm- and Commercial Fishing-Related Property You lf you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
46.	Do you own or have any legal or equitable interest in any farm-	or commercial fishin	g-related property?	
	No. Go to Part 7.			
	☐ Yes. Go to line 47.			
Part	7: Describe All Property You Own or Have an Interest in That You	ı Did Not List Above		
53.	Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership	?		
	Examples. Season tickets, country club membership No			
_	Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write the	at number here		\$0.00
Part	8: List the Totals of Each Part of this Form			
55.	Part 1: Total real estate, line 2			\$187,500.00
56.	Part 2: Total vehicles, line 5	\$0.00		
57.	Part 3: Total personal and household items, line 15	\$8,375.00		
58.	Part 4: Total financial assets, line 36	\$1,639.96		
59.	Part 5: Total business-related property, line 45	\$0.00		
60.	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7: Total other property not listed, line 54 +	\$0.00		
62.	Total personal property. Add lines 56 through 61	\$10,014.96	Copy personal property total	\$10,014.96

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

Debtor 1

\$197,514.96

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Fill in this inform	mation to identify your	case:		
Debtor 1	Michael B. Halfor	1		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF NEW YORK	
Case number _				
(if known)				neck if this is an nended filing

Official Form 106C

Part 1. Identify the Preparty Vou Claim as Exempt

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

ı a	identify the Property Tou Claim as E	-xempt							
1. Which set of exemptions are you claiming? Check one only, even if your spouse is filling with you.									
	☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)								
	■ You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)							
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.								
	Brief description of the property and line on Schedule A/B that lists this property portion you ow		Amo	ount of the exemption you claim	Specific laws that allow exemption				
		Copy the value from Schedule A/B	Che	ck only one box for each exemption.					
	23 Country Hollow Road Highland Mills, NY 10930 Orange County	\$187,500.00		\$12,575.00	11 U.S.C. § 522(d)(1)				
	owes S425,623.00; foreclosure auction set for 8/5/2019 Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit					
	2014 Toyota Sienna 74,000 miles Vehicle least that has been paid off	\$0.00		\$4,000.00	11 U.S.C. § 522(d)(2)				
	for approx. 1 1/2 yrs - lessor has not reclaimed vehicle. Debtors insure and pay carrying charges. Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit					
	Household furniture & furnishings Line from Schedule A/B: 6.1	\$1,500.00		\$1,500.00	11 U.S.C. § 522(d)(3)				
	Line Holli Schedule AVD. V.1			100% of fair market value, up to any applicable statutory limit					
	3 cell phones, 2 laptops, 3 desktop computers, 4 flat screen TV,	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)				
	Playstations 2, 3, 4; PSP, PSVita, 3 Switches, 3 Nintendos DS; tablet; 150-200 games			100% of fair market value, up to any applicable statutory limit					

Line from Schedule A/B: 7.1

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Case number (if known)

	inionaci Di nancii				
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Am	ount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	baseball card, magic cards Line from Schedule A/B: 8.1	\$5,000.00	•	\$5,000.00	11 U.S.C. § 522(d)(5) Debtor 1
	Line nom <i>Schedule A/D</i> . 6.1			100% of fair market value, up to any applicable statutory limit	
	Wearing apparel Line from Schedule A/B: 11.1	\$500.00		\$250.00	11 U.S.C. § 522(d)(3) Debtor 1
	Elle Holli Genedale A.B. TTT			100% of fair market value, up to any applicable statutory limit	
	necklace, wedding band, watch Line from Schedule A/B: 12.1	\$300.00		\$300.00	11 U.S.C. § 522(d)(4) Debtor 1
	Line nom Schedule A/D. 12.1			100% of fair market value, up to any applicable statutory limit	
	3 cats, 3 fish Line from Schedule A/B: 13.1	\$75.00		\$75.00	11 U.S.C. § 522(d)(3)
	Line Irom Scriedule AVB. 13.1			100% of fair market value, up to any applicable statutory limit	
	Checking: Key Bank Line from Schedule A/B: 17.1	\$262.50		\$262.00	11 U.S.C. § 522(d)(5)
	Line IIIIII Schedule PVD. 17.1			100% of fair market value, up to any applicable statutory limit	
	Savings: Key Bank Line from Schedule A/B: 17.2	\$37.50		\$75.00	11 U.S.C. § 522(d)(5)
	Line Holli Schedule PVD. 17.2			100% of fair market value, up to any applicable statutory limit	
	IRA: Park Avenue Securities Line from Schedule A/B: 21.1	\$1,337.46			11 U.S.C. § 522(d)(10)(E)
	Line nom Schedule AVD. 21.1			100% of fair market value, up to any applicable statutory limit	
	Federal & state: Possible tax refunds for 2017 & 2018	\$0.50		\$8,562.00	11 U.S.C. § 522(d)(5)
	Line from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit	
3.	Are you claiming a homestead exemption (Subject to adjustment on 4/01/22 and every № No Yes. Did you acquire the property covered No	3 years after that for ca	ases fi	•	,

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			Pa 1	18 of 56		,	_	
Fill in t	his inform	ation to identify you	r case:					
Debtor	1	Michael B. Halfo	on					
	_	First Name	Middle Name	Last Name				
Debtor (Spouse it		First Name	Middle Name	Last Name				
Linitad	States Ban	kruptov Court for the	SOUTHERN DISTRICT OF NE	EW VORK				
United	States barn	kruptcy Court for the:	300 THEKIN DISTRICT OF INE	EW TORK				
Case n								
(if known)								t if this is an ded filing
								aca ming
Officia	al Form	106D						
Sche	edule [D: Creditors	Who Have Claims	Secure	ed b	y Property	У	12/15
is neede			f two married people are filing togeth out, number the entries, and attach it					
1. Do any	y creditors h	ave claims secured by	your property?					
	No. Check t	this box and submit th	nis form to the court with your other	r schedules.	You ha	ave nothing else to	report on this form.	
•	Yes. Fill in a	all of the information b	pelow.					
Part 1:	List All	Secured Claims						
			nore than one secured claim, list the cre		ely	Column A	Column B	Column C
			a particular claim, list the other creditor cal order according to the creditor's nam			mount of claim to not deduct the	Value of collateral that supports this	Unsecured portion
2.4 M	TCI O Inv	rootoro I D	Describe the property that coourse	the eleims	V	alue of collateral.	claim	if any
	editor's Name	vestors LP	Describe the property that secures 23 Country Hollow Road High			\$425,623.15	\$375,000.00	\$50,623.15
			Mills, NY 10930 Orange Co					
			owes \$425,623.00; foreclos	sure				
	ttn Presid		auction set for 8/5/2019 As of the date you file, the claim is:	Check all that				
-	ving, TX 7	ection Drive 75039	apply.					
_		City, State & Zip Code	☐ Contingent☐ Unliquidated					
			☐ Disputed					
		t? Check one.	Nature of lien. Check all that apply.					
	or 1 only or 2 only		☐ An agreement you made (such as car loan)	mortgage or s	secured			
_	or 2 only or 1 and Deb	otor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)				
At lea	ast one of the	e debtors and another	Judgment lien from a lawsuit	,				
	ck if this clai	im relates to a t	■ Other (including a right to offset)	Foreclos	ure au	iction 8/5/2019		
Date de	bt was incur	red	Last 4 digits of account num	ber				
A -1 -1 41			aliuma A au dhia mana Mhita dhat musa			£40E.C0	2.45	
		=	olumn A on this page. Write that num the dollar value totals from all pages.			\$425,62		
	that number					\$425,62	3.15	
Part 2:	List Othe	ers to Be Notified fo	r a Debt That You Already Listed	I				
Use this	page only i	f you have others to be	e notified about your bankruptcy for	a debt that yo	ou alrea	dy listed in Part 1.	For example, if a collect	tion agency is
than on	e creditor fo		we to someone else, list the creditor you listed in Part 1, list the additiona is page.					
П			. •					
		er, Street, City, State & Z Associates PLLO		On w	hich line	e in Part 1 did you er	nter the creditor? 2.1	
8	80 Busine	ss Park Dr Ste 11		Last -	4 digits	of account number _	_	
F	Armonk, N	IY 10504						

Official Form 106D

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Debtor 1 Michael B. Halfon				Case number (if known)		
	First Name	Middle Name	Last Name			
	Name, Number, Street MTGLQ Investor Attn President 200 West Street New York, NY 10	- -		On which line in Part 1 did you enter the creditor?		
	Name, Number, Street Selene Finance I Attn Customer S PO Box 421517 Houston, TX 772	ervice		On which line in Part 1 did you enter the creditor? Last 4 digits of account number		
	Name, Number, Street Selene Finance I Attn President 9990 Richmond A Houston, TX 770	Ave Ste 400 S		On which line in Part 1 did you enter the creditor?		

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			Pa 20 of 56				
Fill in this info	ormation to identify your ca	ise:					
Debtor 1	Michael B. Halfon						
20010	First Name	Middle Name	Last Name				
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name				
United States	Bankruptcy Court for the:	SOUTHERN DISTRICT	Γ OF NEW YORK				
Case number							
(if known)					_	Check if this is amended filing	
	<u>rm 106E/F</u>						
<u>Schedule</u>	E/F: Creditors Wh	o Have Unsec	ured Claims			12 <i>/</i>	<u> 15</u>
Schedule D: Cre eft. Attach the C name and case i	ecutory Contracts and Unexpire ditors Who Have Claims Secur continuation Page to this page. number (if known).	ed by Property. If more s If you have no informati	pace is needed, copy the F	art you need, fill it out,	number the er	ntries in the box	xes on the
	All of Your PRIORITY Uns						
	ditors have priority unsecured	claims against you?					
□ No. Go t ■ Yes.	o Part 2.						
 List all of your identify what possible, list 	our priority unsecured claims. type of claim it is. If a claim has the claims in alphabetical order tre than one creditor holds a parti	both priority and nonpriorit according to the creditor's	y amounts, list that claim her name. If you have more than	e and show both priority a	nd nonpriority	amounts. As mu	ich as
(For an expl	anation of each type of claim, see	e the instructions for this fo	orm in the instruction booklet.				
				Total claim	Priority amount	Nonprio amount	
	nal Revenue Service	Last 4 digits of	of account number	\$1.00		\$1.00_	\$0.00
Centr	Creditor's Name ralized Insolvency Opera	ntion When was the	e debt incurred?		-		
	ox 7346 delphia, PA 19114-7346						
	r Street City State Zip Code	As of the date	you file, the claim is: Chec	k all that apply			
Who incu	rred the debt? Check one.	☐ Contingent					
☐ Debtor	1 only	☐ Unliquidate	d				
☐ Debtor	2 only	☐ Disputed					
☐ Debtor	1 and Debtor 2 only	Type of PRIOI	RITY unsecured claim:				
At leas	t one of the debtors and another	☐ Domestic s	upport obligations				
☐ Check	if this claim is for a communit	y debt Taxes and	certain other debts you owe	the government			
Is the clai	m subject to offset?		death or personal injury while				
■ No		☐ Other. Spe					
☐ Yes			2017 & 2018 inco	me tax			

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Debto	or 1 Michael B. Halfon	Case n	number (if known)		
2.2	NYS Taxation & Finance (p) Priority Creditor's Name Bankruptcy/Special Procedures PO Box 5300 Albany, NY 12205-0300	Last 4 digits of account number When was the debt incurred?	\$2,303.80	\$2,303.80	\$0.00
	Number Street City State Zip Code	As of the date you file, the claim is: Check a	all that apply		
1	Who incurred the debt? Check one.	☐ Contingent			
	Debtor 1 only	☐ Unliquidated			
- 1	Debtor 2 only	☐ Disputed			
- 1	Debtor 1 and Debtor 2 only	Type of PRIORITY unsecured claim:			
	At least one of the debtors and another	☐ Domestic support obligations			
	☐ Check if this claim is for a community debt	Taxes and certain other debts you owe the	government		
	s the claim subject to offset?	☐ Claims for death or personal injury while yo	ou were intoxicated		
	No	Other. Specify			
	☐ Yes	2014, 2017 & 2018 i	income tax		
ur th	ist all of your nonpriority unsecured claims in the insecured claim, list the creditor separately for each clain one creditor holds a particular claim, list the other art 2.	laim. For each claim listed, identify what type of c	claim it is. Do not list claims	already included in Part	1. If more Page of
4.1	ATT DirecTV LLC (p)	Last 4 digits of account number			\$637.17
	Nonpriority Creditor's Name Attn Bankruptcies PO Box 6550	When was the debt incurred?			· ·
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Chec	ck all that apply		
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation a	greement or divorce that v	ou did not	
	Is the claim subject to offset?	report as priority claims	<u>.</u>		
	■ No	☐ Debts to pension or profit-sharing plans,	, and other similar debts		
	☐ Yes	Other. Specify			

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Debto	r 1 Michael B. Halfon	Case number (if known)	
4.2	Capital One Card Services (p) Nonpriority Creditor's Name PO Box 30285 Salt Lake City, UT 84130-0285	When was the debt incurred?	\$585.57
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.3	Catskill Orthopedics PC	Last 4 digits of account number 1280	\$19.21
	Nonpriority Creditor's Name 39 Old Monticello Road Ferndale, NY 12734-5224	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans	
	Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Medical Services	
4.4	Chase (p)	Last 4 digits of account number 3843	\$6,290.94
	Nonpriority Creditor's Name PO Box 15298 Wilmington, DE 19850	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	

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Debt	or 1 Michael B. Halfon	Case number (if known)	
4.5	Children & Women Physicians Nonpriority Creditor's Name	Last 4 digits of account number 4182	\$3,200.00
	19 Bradhurst Ave #1400 Hawthorne, NY 10532	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	☐ Yes	■ Other. Specify Medical Services	
4.6	Children & Women Physicians Nonpriority Creditor's Name	Last 4 digits of account number 4184	\$3,200.00
	19 Bradhurst Ave #1400 Hawthorne, NY 10532	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical Services	
4.7	Citi Cards	Last 4 digits of account number 2670	\$4,480.15
	Nonpriority Creditor's Name PO Box 6500 Sioux Falls, SD 57117-6500	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit card	

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Debto	^{r 1} Michael B. Halfon	Case number (if known)			
4.8	Crystal Run Healthcare Nonpriority Creditor's Name	Last 4 digits of account number 2719	\$61.48		
	155 Crystal Run Road Middletown, NY 10941-4028	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other Specify Medical Services			
4.9	Internal Revenue Service	Last 4 digits of account number	\$11,796.21		
	Nonpriority Creditor's Name Centralized Insolvency Operation PO Box 7346	When was the debt incurred?			
	Philadelphia, PA 19114-7346				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	-			
	Debtor 2 only	Contingent			
	Debtor 2 only Debtor 1 and Debtor 2 only	Unliquidated			
	<u> </u>	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans			
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify 2014 income tax			
4.1	Internal Revenue Service	Last 4 digits of account number	\$815.45		
0	Nonpriority Creditor's Name		Ψοιοιίο		
	Centralized Insolvency Operation PO Box 7346	When was the debt incurred?			
	Philadelphia, PA 19114-7346	As of the data way file the plaint in Charles II that each			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	Debtor 1 only	Поли			
	Debtor 2 only	☐ Contingent			
	Debtor 1 and Debtor 2 only	☐ Unliquidated			
		Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans			
	☐ Check if this claim is for a community debt	_			
	Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	□Yes	■ Other. Specify 2013 income tax			
	— · - •				

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Case number (if known)

Debt	or 1 Michael B. Halfon	Case number (if known)	
4.1			* 40 570 00
1	Keybank Nonpriority Creditor's Name	Last 4 digits of account number	\$10,572.00
	Cardmember Services PO Box 6335	When was the debt incurred?	
	Fargo, ND 58125-6335		
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Report Item	
4.1 2	Nissan Motor Acceptance Corp	Last 4 digits of account number	\$4,741.00
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 660366	When was the debt incurred?	. ,
	Dallas, TX 75266 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	•	
		☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other. Specify Credit Report Item	
		Other. Specify	
4.1 3	NY Orthopaedic Nonpriority Creditor's Name	Last 4 digits of account number 3444	\$308.70
	3010 Westcheste Ave Ste 104 Purchase, NY 10577	When was the debt incurred?	
Number Street City State Zip Code Who incurred the debt? Check one.		As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other Specific Medical Services	

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Michael B. Halfon	Case number (if known)	
NYS Dept of Labor Unemployment	Last 4 digits of account number	\$2,169.3
Nonpriority Creditor's Name Benefits Collections Unit PO Box 1195	When was the debt incurred?	
Albany, NY 12201-1195 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Overpayment of unemployment benefits	
Security Title Guarantee Corp of Baltim	Last 4 digits of account number	\$19,649.7
Nonpriority Creditor's Name 31 Stewart Street Floral Park, NY 11001-2910	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No □ Yes	☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other Specify Judgment	
□ 1e5	Other. Specify Judgment	
Synchrony Bank	Last 4 digits of account number 4252	\$3,944.1
Nonpriority Creditor's Name Attn: Bankruptcy Dept PO Box 965060 Orlando, FL 32896-5061	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify Credit card - Toys R Us	

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Michael B. Haiton		Case number (if known)			
4.1 7	Toyota Financial Services (p)	Last 4 digits of account number	\$21,003.00		
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 8026	When was the debt incurred?			
	Cedar Rapids, IA 52409-8026 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	\square Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Credit Report Item			
4.1 8	Toyota Financial Services (p)	Last 4 digits of account number	\$348.00		
	Nonpriority Creditor's Name Bankruptcy Dept PO Box 8026	When was the debt incurred?			
	Cedar Rapids, IA 52409-8026 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	□ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	Other. Specify Credit Report Item			
4.1 9	Westchester Medical Center	Last 4 digits of account number 4635	\$1,466.85		
	Nonpriority Creditor's Name PO Box 277 Hawthorne, NY 10532	When was the debt incurred?			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	□ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	☐ Yes	■ Other. Specify Medical Services			
					

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Michael B. Haiton		Case number (if known)
Name and Address Chase Receivables PO Box 659 Caldwell, NJ 07007-0659	On which entry in Part 1 or Part 2 did y Line 4.5 of (<i>Check one</i>): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Chase Receivables PO Box 659 Caldwell, NJ 07007-0659	On which entry in Part 1 or Part 2 did y Line 4.6 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims ■ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Convergent Outsourcing Inc 800 SW 39th St PO Box 9004 Renton, WA 98057	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Delbello Donnelklan Weingarten Wise etal One North Lexington Avenue White Plains, NY 10601	On which entry in Part 1 or Part 2 did y Line 4.15 of (<i>Check one</i>):	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address IC System 444 Highway 96 East PO Box 64378 Saint Paul, MN 55164-0378	Last 4 digits of account number On which entry in Part 1 or Part 2 did y Line 4.1 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address KeyBank 6950 South Transit Road Lockport, NY 14095	On which entry in Part 1 or Part 2 did y Line 4.11 of (Check one): Last 4 digits of account number	you list the original creditor? □ Part 1: Creditors with Priority Unsecured Claims □ Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Kohl's PO Box 3043 Milwaukee, WI 53201-3043	On which entry in Part 1 or Part 2 did y Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Midland Credit Management Inc 2365 Northside Dr Ste 300 San Diego, CA 92108	On which entry in Part 1 or Part 2 did y Line 4.7 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address MRS Associates 1930 Olney Avenue Cherry Hill, NJ 08003	On which entry in Part 1 or Part 2 did y Line 4.4 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Nationwide Credit Inc PO Box 14581 Des Moines, IA 50306-3581	On which entry in Part 1 or Part 2 did y Line 4.16 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address Performant Recovery Inc PO Box 9045 Pleasanton, CA 94566	On which entry in Part 1 or Part 2 did y Line 4.9 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims
Name and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?

Official Form 106 E/F

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Debtor 1 Michael B. Halfon	Case number (if known)			
Receivables Performance 20816 44th Ave W	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured Claims		
Lynnwood, WA 98036	Last 4 digits of account number	. ,		
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?		
United Collection Bureau Inc	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims		
5620 Southwyck Blvd Ste 206 Toledo, OH 43614		Part 2: Creditors with Nonpriority Unsecured Claims		
•	Last 4 digits of account number			

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				1	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
otal laims					
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	2,304.80
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	2,304.80
				1	Γotal Claim
otal	6f.	Student loans	6f.	\$	0.00
laims om Part 2	6a.	Obligations origing out of a constation agreement or divorce that			
OIII Part 2	og.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	95,288.96
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	95,288.96

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Fill in this information to identify your case:						
Debtor 1	Michael B. Halfor	1				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK			
Case number						
(if known)				☐ Check if this is a amended filing		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the or, Street, City, State and ZIP C	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	•				

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Fill in th	nis information to identify your ca	ise:		
Debtor 1				
Dobtor C	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if,		Middle Name	Last Name	
United S	States Bankruptcy Court for the:	SOUTHERN DISTRICT	OF NEW YORK	
Case nu	ımber			
(if known)				☐ Check if this is an amended filing
Offici	al Form 106H			
	edule H: Your Code	btors		12/15
ceople a fill it out, your nam 1. D N Y 2. W Ariz N Y 3. In C in li	are filing together, both are equally, and number the entries in the both and case number (if known). At the property of the p	ly responsible for suppoxes on the left. Attach Answer every question. u are filing a joint case, of the levada, New Mexico, Pure, or legal equivalent livers. Do not include your hat person is a guarant	operty state or territory? (Certo Rico, Texas, Washingtor with you at the time?	community property states and territories include
	Column 1: Your codebtor	, i		Column 2: The creditor to whom you owe the debt
	Name, Number, Street, City, State and ZIP (Code		Check all schedules that apply:
3.1	Amanda Halfon 23 Country Hollow Road Highland Mills, NY 10930]]	Schedule D, line 2.1 Schedule E/F, line Schedule G ITGLQ Investors LP
3.2	Amanda Halfon 23 Country Hollow Road Highland Mills, NY 10930		I	☐ Schedule D, line ■ Schedule E/F, line2.1 ☐ Schedule G Internal Revenue Service
3.3	Amanda Halfon 23 Country Hollow Road Highland Mills, NY 10930		. [☐ Schedule D, line ■ Schedule E/F, line2.2 ☐ Schedule G NYS Taxation & Finance (p)

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Debtor 1 Michael B. Halfon Case number (if known)

	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.4	Amanda Halfon	☐ Schedule D, line
	23 Country Hollow Road	■ Schedule E/F, line 4.2
	Highland Mills, NY 10930	☐ Schedule G
		Capital One Card Services (p)
0.5	A In Holfe	
3.5	Amanda Halfon 23 Country Hollow Road	☐ Schedule D, line
	Highland Mills, NY 10930	■ Schedule E/F, line <u>4.18</u>
	3	☐ Schedule G Toyota Financial Services (p)
3.6	Amanda Halfon	☐ Schedule D, line
	23 Country Hollow Road	■ Schedule E/F, line 4.12
	Highland Mills, NY 10930	☐ Schedule G
		Nissan Motor Acceptance Corp
3.7	Amanda Halfon	Coloradado D. Esta
3.1	23 Country Hollow Road	Schedule D, line
	Highland Mills, NY 10930	■ Schedule E/F, line <u>4.11</u> □ Schedule G
		Keybank
2.0	Amondo Holfon	
3.8	Amanda Halfon 23 Country Hollow Road	Schedule D, line
	Highland Mills, NY 10930	■ Schedule E/F, line <u>4.10</u> □ Schedule G
		Internal Revenue Service
3.9	Amanda Halfon	☐ Schedule D, line
	23 Country Hollow Road Highland Mills, NY 10930	Schedule E/F, line 4.9
		☐ Schedule G Internal Revenue Service
3.10	Amanda Halfon	☐ Schedule D, line
	23 Country Hollow Road Highland Mills, NY 10930	■ Schedule E/F, line4.6
	rightand Mills, NY 10930	☐ Schedule G
		Children & Women Physicians
3.11	Amanda Halfon	☐ Schedule D, line
J	23 Country Hollow Road	Schedule E/F, line 4.5
	Highland Mills, NY 10930	☐ Schedule G
		Children & Women Physicians

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Debtor 1	Michael B. Halfon	Case number (if known)
	Additional Page to List More Codebtors	
	Column 1: Your codebtor	Column 2: The creditor to whom you owe the debt Check all schedules that apply:
3.12	Anthem Abstract LLC 23 Country Hollow Road Highland Mills, NY 10930	☐ Schedule D, line ■ Schedule E/F, line4.4 ☐ Schedule G Chase (p)
3.13	Anthem Abstract LLC 23 Country Hollow Road Highland Mills, NY 10930	☐ Schedule D, line ■ Schedule E/F, line4.15 ☐ Schedule G Security Title Guarantee Corp of Baltim

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						•				
	in this information to identify your control Michael B. H									
	otor 2									
` `	ited States Bankruptcy Court for the	: SOUTHERN DISTRIC	CT OF NEW YORK							
	se number nown)					☐ An a		nt shov	wing postpetition chap e following date:	oter
0	fficial Form 106I					\overline{MM}	1 / DD/ Y\	YYY		
S	chedule I: Your Inc	ome								12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not filing wi	ng jointly, and your sith you, do not include	spouse i	is liv mati	ing with yo	ou, inclu our spou	de info use. If	ormation about your more space is need	r led,
1.	Fill in your employment information.		Debtor 1			С	Debtor 2	or nor	n-filing spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed				■ Emplo	yed		
		Employment status	☐ Not employed			☐ Not employed				
		Occupation	Retail Managem	ent		<u>L</u>	_VT			
	Include part-time, seasonal, or self-employed work.	Employer's name	cvs		Rockland Veterinary					
	Occupation may include student or homemaker, if it applies.	Employer's address	57 Main Street Warwick, NY 10		18 N Liberty Drive Highland Mills, NY 10930					
		How long employed to	here? <u>1 year</u>				_19) year	s	-
Par	Give Details About Mor	nthly Income								
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to re	port for	any	line, write \$	60 in the s	space.	Include your non-filin	ng
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	emplo	oyers for the	at persor	on the	e lines below. If you r	need
						For Debto	or 1		Debtor 2 or filing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	3,8	67.00	\$	4,322.00	
3.	Estimate and list monthly overt	ime pay.		3.	+\$		0.00	+\$	0.00	

Official Form 106I Schedule I: Your Income page 1

3,867.00

4,322.00

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Michael B. Halfon				number (if known)	_			
					For	Debtor 1	ı	For Debtor	2 or	
	Cop	y line 4 here	4.		\$	3,867.00		non-filing s	,322.00	
5.	l ist	all payroll deductions:								•
0.	5a.	Tax, Medicare, and Social Security deductions	5a		\$	725.00		\$ 1.	,008.00	
	5b.	Mandatory contributions for retirement plans	5b		\$ -	0.00		\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c		\$_	0.00		· ———	208.00	-
	5d.	Required repayments of retirement fund loans	5d		<u>*</u> -	0.00		·	673.00	•
	5e.	Insurance	5e		\$	756.00		\$	0.00	•
	5f.	Domestic support obligations	5f.		\$	0.00		\$	0.00	•
	5g.	Union dues	5g		\$_	0.00		\$	0.00	
	5h.	Other deductions. Specify:	5h	.+	\$	0.00	+	\$	0.00	•
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	1,481.00		\$ 1,	,889.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	2,386.00		\$ 2,	,433.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a		\$	0.00		\$	0.00	
	8b.	Interest and dividends	8b		<u>*</u> -	0.00		\$	0.00	•
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c		\$	0.00		\$	0.00	•
	8d.	Unemployment compensation	8d		\$	0.00		\$	0.00	•
	8e.	Social Security	8e		\$	0.00		\$	0.00	
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g		\$_ \$	0.00		\$ \$	0.00	
	8h.	Other monthly income. Specify:	8h		\$ -	0.00		*	0.00	
	OII.	Cuter monthly medine. Opedity.	_ '''	٠.	Ψ_	0.00	٠,	Ψ	0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	<u> </u>	0.00		\$	0.00)
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2,386.00 + \$	_	2,433.00	- \$	4,819.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		2,300.00 + Ψ_	_	2,433.00	$ ^{\Psi} =$	4,019.00
11.	Stat Inclu othe Do n	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your ar friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe			•		in <i>Schedul</i> e	e <i>J</i> . +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies							\$	4,819.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combin	ned y income
		No.								
		Yes Explain:								

Official Form 106l Schedule I: Your Income page 2

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E :III	in this informs	tion to identify w	2115 22221							
FIII	in this informa	tion to identify yo	our case:							
Deb	tor 1	Michael B. H	lalfon			Cł	neck if t	his is:		
	. 0				_			mended filing		
	tor 2 ouse, if filing)	-							ving postpetition chapter the following date:	
(Opt	ouse, ii iiiiig)						100	Aperises as or	ine following date.	
Unit	ed States Bankr	uptcy Court for the	: SOUTH	ERN DISTRICT OF NEV	V YORK		MM	/ DD / YYYY		
Cas	e number									
	nown)									
\bigcirc	fficial Fo	rm 106J								
		J: Your							12/1	5
				If two married people a						
		n). Answer eve		ch another sheet to this า.	s form. On the top of	any add	itionai	pages, write y	our name and case	
	<u> </u>	,	•							
Par		ibe Your House	hold							_
1.	Is this a join									
	₩ No. Go to		in a concr	oto havoohald?						
			ın a separa	ate household?						
	∐ N □ Y		st file Offici	al Form 106J-2, <i>Expense</i>	es for Separate House	ehold of D	ebtor 2	·.		
2.	_	e dependents?		, ,						
۷.	•	•	∐ No —							
	Do not list Do Debtor 2.	ebtor 1 and	✓ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor			Dependent's age	Does dependent live with you?	
	Do not state	the		·					No	
	dependents				Son		;	В	✓ Yes	
									No	
					Son		:	8	✓ Yes	
					Son			11	∐ No	
								··	✓ Yes	
									∐ No □ Yes	
3.	Do your exp	enses include	√	No					103	
		f people other t	:han 🗂	Yes						
	yourself and	d your depende	nts?							
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses						
				ptcy filing date unless						
	enses as of a dicable date.	date after the	bankruptcy	y is filed. If this is a sup	plemental Schedule	J, check	the bo	ox at the top of	f the form and fill in the	
арр	incable date.									
				government assistance						
	value of sucr ficial Form 10		a nave inc	luded it on Schedule I:	Your income			Your expe	enses	
(0	110101 1 01111 10	01.)						·		
4.	The rental o	r home owners	hip expen	ses for your residence.	Include first mortgage	9				
		nd any rent for th				4.	\$		0.00	
	If not includ	led in line 4:								
							•			
		estate taxes		a inquiran aa		4a.			0.00	
		rty, homeowner's		s insurance pkeep expenses		4b. 4c.	-:		0.00 0.00	
		owner's associat	•			4d.	· : —		0.00	
5.				ur residence, such as h	ome equity loans		\$ —		0.00	

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Debt	or 1	Michael	B. Halfon	Case num	nbe	er (if known)		
6.	Utiliti	ies:						
	6a.		, heat, natural gas	6a.			400.00	
	6b.		wer, garbage collection	6b.			125.00	
	6c. 6d.	Other. Spe	e, cell phone, Internet, satellite, and cable services	6c. 6d.		\$ \$	415.00	
			ekeeping supplies	0d. 7.		\$ 	0.00 1,300.00	
			children's education costs	8.		\$ 	200.00	
			ry, and dry cleaning		. :		200.00	
		•	products and services	10.			150.00	
11.	Medi	cal and de	ntal expenses	11.	. :	\$	500.00	
			Include gas, maintenance, bus or train fare.	40	,	Φ.	515.00	
			ar payments.	12.		·		
			clubs, recreation, newspapers, magazines, and books ributions and religious donations	13. 14.			0.00	
		ance.	ributions and rengious donations	14.		Φ	0.00	
			surance deducted from your pay or included in lines 4 or 20.					
	15a.	Life insura	ance	15a.	. :	\$	102.00	
		Health ins		15b.	. :	\$	0.00	
		Vehicle in:		15c.			175.00	
			Irance. Specify:	15d.	. :	\$	0.00	
	Taxe: Speci		clude taxes deducted from your pay or included in lines 4 or 20.	16.		c	0.00	
	•	·	ease payments:			Φ	0.00	
			ents for Vehicle 1	17a.	. :	\$	0.00	
		. ,	ents for Vehicle 2	17b.	. :	\$	0.00	
	17c.	Other. Spe	ecify:	17c.	. :	\$	0.00	
		Other. Spe		17d.	. :	\$	0.00	
			of alimony, maintenance, and support that you did not report as			¢	0.00	
			your pay on line 5, Schedule I, Your Income (Official Form 106I). s you make to support others who do not live with you.	10.		\$ 	0.00	
	Speci		s you make to support outers who do not live with you.	19.		Ψ	0.00	
	•	,	erty expenses not included in lines 4 or 5 of this form or on Scho			ır Income.		
	20a.	Mortgages	s on other property	20a.	. :	\$	0.00	
		Real estat		20b.			0.00	
			homeowner's, or renter's insurance	20c.			0.00	
			nce, repair, and upkeep expenses	20d.			0.00	
			er's association or condominium dues	20e.			0.00	
21.	Otne	r: Specify:	Pet care	21.		+\$	75.00	
		-	monthly expenses					
			through 21.			\$	4,157.00	
	22b. (Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2			\$		
	22c. /	Add line 22	a and 22b. The result is your monthly expenses.			\$	4,157.00	
23.	Calcu	ulate vour	monthly net income.		L			
			12 (your combined monthly income) from Schedule I.	23a.	. :	\$	4,819.00	
	23b.	Copy your	monthly expenses from line 22c above.	23b.		-\$	4,157.00	
					Г			
	23c.		our monthly expenses from your monthly income.	23c.	١,	\$	662.00	
		The result	is your monthly net income.	200.	. L,	Ψ	332.33	
	For ex	cample, do yo	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?				rease or decrease because of a	
		o. es.	Explain here: Medical expenses are high as oldest child had monitoring and medication, and deductibles have to be Child care cost includes sports/band/summer camp exp Case filed in the face of pending auction sale. Plan will date of her 3 pension loans, but case is Loss Mitigation disposable income to this Plan in lieu of payments on the linth event that a loan modification is obtained the disp Plan will be appropriately modified.	meet be benses fo be "step depende heir mort	fo or pe en tg	ore insura 3 childre ed up" wh nt. Debtors age while	nce begins covering expenses n. nen wife determines the end s are contributing all of their e they pursue Loss Mitigation.	Explair

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Fill in th	is information to identify you	ur case:			
Debtor 1	Michael B. Half	on			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if,	filing) First Name	Middle Name	Last Name		
United S	tates Bankruptcy Court for the	SOUTHERN DISTRICT	OF NEW YORK		
Case nu	mber				
(if known)					☐ Check if this is an
					amended filing
If two ma You mus obtaining	aration About arried people are filing togeth t file this form whenever you g money or property by fraud both. 18 U.S.C. §§ 152, 1341	ner, both are equally respo I file bankruptcy scheduled I in connection with a bank	onsible for supplying corressor amended schedules.	ect information. Making a false statement	
	Sign Below				
Did	you pay or agree to pay sor	neone who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
-	No				
	Yes. Name of person				y Petition Preparer's Notice,
				Declaration, and	Signature (Official Form 119)
	er penalty of perjury, I decla they are true and correct.	re that I have read the sum	nmary and schedules filed	l with this declaration and	ı
_	/s/ Michael B. Halfon		X		
	Michael B. Halfon Signature of Debtor 1		Signature of D	Debtor 2	
	olynature of Debtor 1				
	Date July 31, 2019		Date		

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Fill	in this inform	ation to identify you	r case:			
Deb	otor 1	Michael B. Halfo	Middle Name	Last Name		
Deb	otor 2	i iist ivaine	Widdle Name	Last Name		
(Spo	use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	kruptcy Court for the:	SOUTHERN DISTRICT O	OF NEW YORK		
Cas	e number					
(if kn	own)				-	Check if this is an
					a	mended filing
Of 1	ficial For	<u>m 107</u>				
Sta	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	4/19
Be a	s complete a	nd accurate as possi	ble. If two married people a	are filing together, both are	equally responsible for sup	plying correct
		ore space is needed,). Answer every ques		this form. On the top of any	additional pages, write you	ur name and case
		,				
Par	Give D	etails About Your Ma	rital Status and Where You	Lived Before		
1.	What is your	current marital statu	s?			
	Married					
	□ Not mari	ried				
2	During the la	st 3 years have you	lived anywhere other than	where you live now?		
-	During the la	or o years, nave you	inved any where onler than	where you live how.		
	■ No					
		all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1	Debtor 2 Prior Ad	dress:	Dates Debtor 2
						lived there
					ity property state or territor; co, Texas, Washington and V	
olulo	o ana tormon	oo molaac / mzona, oa	mornia, idario, Lodiolaria, ivo	vada, rvew iviexioo, r derio ixi	oo, rexas, vvasimigion and v	viocorioiri.)
	■ No			W		
	☐ Yes. Ma	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Par	t 2 Explain	n the Sources of You	r Income			
_						
4.				g a business during this yeall businesses, including part-	ear or the two previous cale time activities.	ndar years?
				e together, list it only once un		
	□ No					
	Yes. Fill	in the details.				
			Dobtos 4		Debter 2	
			Debtor 1 Sources of income	Gross income	Debtor 2 Sources of income	Gross income
			Check all that apply.	(before deductions and	Check all that apply.	(before deductions
				exclusions)		and exclusions)
		of current year until	■ Wages, commissions,	\$26,609.00	☐ Wages, commissions,	
uie	uate you filed	тог ранктирасу:	bonuses, tips		bonuses, tips	
			Operating a business		☐ Operating a business	

Official Form 107

5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, une and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.											
	List each	source and t	he gross inco	me from ea	ach source sepai	rately. Do	not include incor	me that	you listed in lir	ne 4.	
	■ No										
	_	Fill in the de	tails.								
				51/ 4							
				Debtor 1 Sources of Describe I	of income below.	each (befo	ss income from a source ore deductions an usions)	S	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
Par	t 3: Lis	t Certain Pa	yments You	Made Befo	ore You Filed fo	r Bankru	ptcy				
6.	No. ■ Yes.	Neither De individual puring the No. Yes	gebtor 1 nor Deprimarily for a 90 days befor Go to line 7. List below e paid that cre not include pto adjustment or Debtor 2 or 90 days befor Go to line 7. List below e include payr attorney for	ebtor 2 ha personal, f re you filed ach creditor ditor. Do n payments t on 4/01/22 r both hav re you filed ach creditor ach creditor	family, or household for bankruptcy, or to whom you poot include payment of an attorney for 2 and every 3 years of a primarily constituted for bankruptcy, or to whom you promestic support	sumer de nold purpo did you pa did a tota ents for de this bank ars after the sumer de did you pa did a tota obligation	ebts. Consumer of see." ay any creditor a I of \$6,825* or moormestic support of cruptcy case, that for cases filed bts. ay any creditor a I of \$600 or more	total of ore in or obligation d on or a total of e and the support	\$6,825* or more payins, such as classes the date of \$600 or more?	yments and the hild support and adjustment. Y you paid that Also, do not in	
	Creditor	5 Name and	Audiess		Dates of payin	ient	paic		still owe	was tills p	ayment for
 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; co of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support an alimony. No Yes. List all payments to an insider. 				al partner; corporations agent, including one fo							
	Insider's	Name and	Address		Dates of paym	nent	Total amount	-	mount you	Reason fo	r this payment
8.	insider? Include pa	ayments on c	-	eed or cosi	cy, did you make		paic		still owe	ccount of a c	lebt that benefited an
		Name and			Dates of paym	nent	Total amoun		mount you		r this payment
							paid	d	still owe	Include cre	ditor's name

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Pg 41 of 56 Debtor 1 Michael B. Halfon Case number (if known) Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ No Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number The Security Title Guarantee **Breach of contract Nassau County Supreme** Pending Corportation of Baltimore vs Court □ On appeal Michael Halfon & Anthem Abstract Concluded LLC 603801/2017 Judgment entered 8-30-2018 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Value of the Date property Explain what happened 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Amount Date action was taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total Describe what you contributed Value Dates vou more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code)

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Case number (if known)

Deb	otor 1	Michael B. Halfon		Pg 42 of 56	Case number (if known)	
	_	inionaoi B. Hanon			(
Par	t 6: L	List Certain Losses					
		1 year before you filed for bankru	ptcv or	since you filed for bankruptcy, did	d vou lose anvt	hing because of the	ft. fire. other disaster.
	or gam		, ,	,	. ,	g	, ,
	■ No	o es. Fill in the details.					
		ibe the property you lost and he loss occurred		be any insurance coverage for the the amount that insurance has paid		Date of your loss	Value of property lost
			insuran	ce claims on line 33 of Schedule A/	B: Property.		
Par	t 7:	List Certain Payments or Transfers	3				
16.	consul	1 year before you filed for bankru ted about seeking bankruptcy or pay attorneys, bankruptcy petition p	preparin	g a bankruptcy petition?			rty to anyone you
	□ No ■ Ye	o es. Fill in the details.					
	Person Who Was Paid Address Email or website address		(OII	Description and value of any property transferred		Date payment Amo or transfer was paymade	
	Person Who Made the Payment, if Not You Hayward, Parker & O'Leary 225 Dolson Avenue, Suite 303 PO Box 929 Middletown, NY 10940-6570 HPOPLaw@gmail.com			Attorney Fee 3,500.00 Filing fee 310.00		\$3,810.00	
	Crick	et Debt Counseling		Credit counseling			\$24.00
17.	promis Do not		ditors or	to make payments to your credit		r transfer any prope	rty to anyone who
		es. Fill in the details. n Who Was Paid ss		Description and value of any protransferred	operty	Date payment or transfer was made	Amount of payment
18.	Include include	2 years before you filed for bankrered in the ordinary course of you both outright transfers and transfers gifts and transfers that you have alroses. Fill in the details.	ir busine s made a	ess or financial affairs? as security (such as the granting of a			
	Addre			Description and value of property transferred		any property or received or debts change	Date transfer was made
19.	Within benefic	n's relationship to you 10 years before you filed for bank ciary? (These are often called asset o es. Fill in the details.			a self-settled tru	st or similar device	of which you are a
		of trust		Description and value of the pro	perty transferro	ed	Date Transfer was made

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Debtor 1 Michael B. Halfon Case number (if known)

Par	t 8:	List of Certain Financial Accounts, In	strur	nents, Safe Depos	it Boxes, and St	orage Unit	es					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.											
		No Yes. Fill in the details.										
	- Nar	ne of Financial Institution and dress (Number, Street, City, State and ZIP		st 4 digits of count number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred		Last balance before closing or transfer			
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?											
		No Yes. Fill in the details.										
		ne of Financial Institution dress (Number, Street, City, State and ZIP Code)		Who else had ac Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?			
22.	Have	e you stored property in a storage unit	or pla	ace other than you	ır home within 1	year befor	re you filed for bankrupt	cy?				
		No Yes. Fill in the details.										
		ne of Storage Facility dress (Number, Street, City, State and ZIP Code)		Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents		Do you still have it?			
Par	t 9:	Identify Property You Hold or Control	l for S	Someone Else								
23.	•	rou hold or control any property that sc comeone.	omeo	ne else owns? Inc	lude any propert	ty you bor	rowed from, are storing	for,	or hold in trust			
		No Yes. Fill in the details.										
		ner's Name dress (Number, Street, City, State and ZIP Code)		Where is the pro (Number, Street, City, Code)		Describe	the property		Value			
Par	t 10:	Give Details About Environmental Inf	orma	ation								
For	the p	urpose of Part 10, the following definiti	ions	apply:								
	toxi	ironmental law means any federal, state c substances, wastes, or material into t lations controlling the cleanup of these	he ai	r, land, soil, surfa	ce water, ground	• .	-					
Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or uto own, operate, or utilize it, including disposal sites.						r utilize it or used						
	Haza	ardous material means anything an envarious material, pollutant, contaminant	/ironr	mental law defines	as a hazardous	waste, ha	zardous substance, tox	c sı	ubstance,			
Rep	ort al	I notices, releases, and proceedings th	at yo	ou know about, reg	jardless of when	they occu	ırred.					
24.	Has	any governmental unit notified you tha	ıt you	ı may be liable or ı	ootentially liable	under or i	n violation of an enviror	me	ntal law?			
		No Yes. Fill in the details.										
		ne of site dress (Number, Street, City, State and ZIP Code)		Governmental u Address (Number,	nit Street, City, State and		onmental law, if you it		Date of notice			

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Debtor 1 Michael B. Halfon Case number (if known)

25.	Have you notified any governmental unit of any release of hazardous material?											
	No											
	Yes. Fill in the details.											
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice								
26.	Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.											
	■ No □ Yes. Fill in the details.											
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case								
Par	11: Give Details About Your Business or	Connections to Any Business										
27.	Within 4 years before you filed for bankrup	tcy, did you own a business or have any	of the following connections to ar	ny business?								
	☐ A sole proprietor or self-employed	in a trade, profession, or other activity, e	ither full-time or part-time									
	■ A member of a limited liability com	pany (LLC) or limited liability partnership	(LLP)									
	☐ A partner in a partnership											
	☐ An officer, director, or managing executive of a corporation											
	☐ An owner of at least 5% of the voting or equity securities of a corporation											
	□ No. None of the above applies. Go to Part 12.											
	Yes. Check all that apply above and fill in the details below for each business.											
	Business Name	Describe the nature of the business	Employer Identification number									
	Address (Number, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.									
	Anthem Abstract LLC		Dates business existed EIN:									
	23 Country Hollow Road Highland Mills, NY 10930		From-To 8-10-2012 to 2017	,								
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties.	tcy, did you give a financial statement to	anyone about your business? Inc	lude all financial								
	■ No □ Yes. Fill in the details below.											
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued										
Par	12: Sign Below											
Lho	re read the answers on this <i>Statement of Fi</i>	noneial Affaire and any attachments, and	I I doctore under penalty of periury	that the answers								
are t	rue and correct. I understand that making a a bankruptcy case can result in fines up to .S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or	r obtaining money or property by f									
Mic	Michael B. Halfon hael B. Halfon nature of Debtor 1	Signature of Debtor 2										
Dat	July 31, 2019	Date										
Did :	ou attach additional pages to Your Statem	ent of Financial Affairs for Individuals Fi	ling for Bankruptcy (Official Form	107)?								

Official Form 107

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Case number (if known)

□Yes	
_ , , , , , , ,	omeone who is not an attorney to help you fill out bankruptcy forms?
■ No	
☐ Yes. Name of Person	. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:		Liquidation	
\$24	45	filing fee	
\$7	75	administrative fee	
+ \$1	15	trustee surcharge	
\$33	35	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. 19-36270-cgm Doc 1 Filed 07/31/19 Entered 07/31/19 13:36:39 Main Document Pg 50 of 56

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Southern District of New York

In re	Michael B. Halfon	Case No.	
	Debtor(s)	Chapter	13
	DISCLOSURE OF COMPENSATION OF ATTORNEY	FOR DE	CBTOR(S)
	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the compensation paid to me within one year before the filing of the petition in bankruptcy, or agree be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy	ed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept \$		3,500.00
	Prior to the filing of this statement I have received \$	<u> </u>	3,500.00
	Balance Due \$		0.00
2.	\$310.00 of the filing fee has been paid.		
3.	The source of the compensation paid to me was:		
	■ Debtor □ Other (specify):		
4.	The source of compensation to be paid to me is:		
	■ Debtor □ Other (specify):		
5.	■ I have not agreed to share the above-disclosed compensation with any other person unless the	ney are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are recopy of the agreement, together with a list of the names of the people sharing in the compensation.		
6.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the	bankruptcy c	ase, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any add. [Other provisions as needed] 	required;	

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

The commencement, prosecution or defense of any motion practice, contested matter(s) or adversary proceeding(s), including but not limited to loss mitigation proceedings, Rule 2004 examinations, objection to discharge or dischargeability, claims objections, post-confirmation matters (including modification of confirmed Plans and defense of motions to dismiss),matters involving the automatic stay (including the defense of motions for relief from the stay or the extension or imposition of the stay), objections to claims of exemption(s) or steps taken for the protection or preservation of exemption rights, motions to avoid liens (whether judicial liens, junior mortgage liens, or non- purchase money security interests), matters involving the sale, lease or use of property (including the use of cash collateral), matters involving financing, matters involving the cramdown of secured claims, the retention of professionals, applications for compensation and reimbursement of expenses, transactional matters, matters involving the dischargeability of certain taxes and student loans, matters involving abandonment, turnover, preference or fraudulent conveyance, appeals from orders of the Bankruptcy Court, the defense of appeals taken by others from orders of the Bankruptcy Court, and proceedings in any other court, tribunal or administrative agency.

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In re	Michael B. Halfon	Case No.	
	Debtor(s)		

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

(Continuation Sheet)							
CERTIFICATION							
I certify that the foregoing is a complete statenthis bankruptcy proceeding.	ment of any agreement or arrangement for payment to me for representation of the debtor(s) in						
July 31, 2019 Date	/s/ Michael O'Leary Michael O'Leary Signature of Attorney Hayward, Parker & O'Leary 225 Dolson Avenue, Suite 303 PO Box 929 Middletown, NY 10940-6570 845-343-6227 HPOPLaw@gmail.com Name of law firm						

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United States Bankruptcy Court Southern District of New York

n re	Michael B. Halfon	D.L. ()	Case No.	40		
		Debtor(s)	Chapter	13		
	VERIFICATION OF CREDITOR MATRIX					
e abov	e-named Debtor hereby verifies t	hat the attached list of creditors is true and co	orrect to the best	of his/her knowledge.		
Date:	July 31, 2019	/s/ Michael B. Halfon				
Date.	July 31, 2013	Michael B. Halfon				

Signature of Debtor

AMANDA HALFON 23 COUNTRY HOLLOW ROAD HIGHLAND MILLS, NY 10930

ANTHEM ABSTRACT LLC 23 COUNTRY HOLLOW ROAD HIGHLAND MILLS, NY 10930

ATT DIRECTV LLC (P)
ATTN BANKRUPTCIES
PO BOX 6550
ENGLEWOOD, CO 80155-6550

CAPITAL ONE CARD SERVICES (P) PO BOX 30285 SALT LAKE CITY, UT 84130-0285

CATSKILL ORTHOPEDICS PC 39 OLD MONTICELLO ROAD FERNDALE, NY 12734-5224

CHASE (P)
PO BOX 15298
WILMINGTON, DE 19850

CHASE RECEIVABLES PO BOX 659 CALDWELL, NJ 07007-0659

CHILDREN & WOMEN PHYSICIANS 19 BRADHURST AVE #1400 HAWTHORNE, NY 10532

CITI CARDS
PO BOX 6500
SIOUX FALLS, SD 57117-6500

CONVERGENT OUTSOURCING INC 800 SW 39TH ST PO BOX 9004 RENTON, WA 98057

CRYSTAL RUN HEALTHCARE
155 CRYSTAL RUN ROAD
MIDDLETOWN, NY 10941-4028

DELBELLO DONNELKLAN WEINGARTEN WISE ETAL ONE NORTH LEXINGTON AVENUE WHITE PLAINS, NY 10601

IC SYSTEM
444 HIGHWAY 96 EAST
PO BOX 64378
SAINT PAUL, MN 55164-0378

INTERNAL REVENUE SERVICE CENTRALIZED INSOLVENCY OPERATION PO BOX 7346 PHILADELPHIA, PA 19114-7346

KEYBANK CARDMEMBER SERVICES PO BOX 6335 FARGO, ND 58125-6335

KEYBANK 6950 SOUTH TRANSIT ROAD LOCKPORT, NY 14095

KOHL'S PO BOX 3043 MILWAUKEE, WI 53201-3043

LEOPOLD & ASSOCIATES PLLC 80 BUSINESS PARK DR STE 110 ARMONK, NY 10504

MIDLAND CREDIT MANAGEMENT INC 2365 NORTHSIDE DR STE 300 SAN DIEGO, CA 92108

MRS ASSOCIATES 1930 OLNEY AVENUE CHERRY HILL, NJ 08003

MTGLQ INVESTORS LP ATTN PRESIDENT 6011 CONNECTION DRIVE IRVING, TX 75039 MTGLQ INVESTORS LP ATTN PRESIDENT 200 WEST STREET NEW YORK, NY 10282

NATIONWIDE CREDIT INC PO BOX 14581 DES MOINES, IA 50306-3581

NISSAN MOTOR ACCEPTANCE CORP BANKRUPTCY DEPT PO BOX 660366 DALLAS, TX 75266

NY ORTHOPAEDIC 3010 WESTCHESTE AVE STE 104 PURCHASE, NY 10577

NYS DEPT OF LABOR UNEMPLOYMENT BENEFITS COLLECTIONS UNIT PO BOX 1195 ALBANY, NY 12201-1195

NYS TAXATION & FINANCE (P)
BANKRUPTCY/SPECIAL PROCEDURES
PO BOX 5300
ALBANY, NY 12205-0300

PERFORMANT RECOVERY INC PO BOX 9045 PLEASANTON, CA 94566

RECEIVABLES PERFORMANCE 20816 44TH AVE W LYNNWOOD, WA 98036

SECURITY TITLE GUARANTEE CORP OF BALTIM 31 STEWART STREET FLORAL PARK, NY 11001-2910

SELENE FINANCE LP ATTN CUSTOMER SERVICE PO BOX 421517 HOUSTON, TX 77242-4239 SELENE FINANCE LP ATTN PRESIDENT 9990 RICHMOND AVE STE 400 S HOUSTON, TX 77042

SYNCHRONY BANK ATTN: BANKRUPTCY DEPT PO BOX 965060 ORLANDO, FL 32896-5061

TOYOTA FINANCIAL SERVICES (P) BANKRUPTCY DEPT PO BOX 8026 CEDAR RAPIDS, IA 52409-8026

UNITED COLLECTION BUREAU INC 5620 SOUTHWYCK BLVD STE 206 TOLEDO, OH 43614

WESTCHESTER MEDICAL CENTER PO BOX 277 HAWTHORNE, NY 10532